Form **990**

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Department of the Treasury

Open to Public

Internal Revenue Service	► The organization may have to use a copy of this return to		orting requ	irements.	Inspection			
A For the 2009		09, and ending			, 20			
B Check if applicable	Please C Name of organization University of Science and Tec		um-		er identification number			
Address change	label or Doing Business As ni Foundation (education fund)			51	0367667			
Name change	print or Number and street (or P O box if mail is not delivered to street address) type.	Room/suite		E Telepho				
Initial return	See 1 Crossan Ct			(302)	831-0625			
Terminated	Instruc- City or town, state or country, and ZIP + 4							
Amended return	tions. Landenberg, PA 19350-1256			G Gross rec	eipts \$			
Application pending	F Name and address of principal officer.		H(a) Is this	a group return	for affiliates? Yes V No			
		 			ncluded? Yes No			
Tax-exempt state					ist (see instructions)			
	ww.ustcaf.org			exemption number				
		Year of formation	1995	M State of	legal domicile DE			
Part Sumi		The form						
1 Briefly	escribe the organization's mission or most significant activ	ities: The Tour	ndation is	tounaec	1 10			
(1) pro	mote the excellence of members of USTC, including stud							
elsewin	elsewhere; and (2) promote the academic and cultural exchange between USTC and							
E								
ල් 2 Check th	s box > if the organization discontinued its operations or disposed of			13.	20			
3 Number	of voting members of the governing body (Part VI, line 1a)			. 4	20			
¥ A Number	of independent voting members of the governing body (Pa	-		5	0			
→	mber of, employees (Part V, line 2a)			. 6	1000			
7	•		• • •	7a	0			
	oss unrelated business revenue from Part VIII, column (C), I elated bus ness taxable income from Form 990-T, line 34.	me 12		. 7b	0			
D Net um	stated but fields taxable income from Form coo 1, line 64.	· · · · · · · · · · · · · · · · · · ·	Prior Ye		Current Year			
9 Contrib	itions on greate (Bort VIII line 1h)			0718.43	381368.21			
8 Contrib	utions an , grants (Part VIII, line 1h)	I		0	0			
	ent incor e (Part VIII, column (A), lines 3, 4, and 7d)	i	-62	2713.58	49870.93			
11 Other re	ent fricting (Fart VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1			0	0			
	renue—a/J lines 8 through 11 (must equal Part VIII, column (A)		388	3004.85	431239.14			
	and similar amounts paid (Part IX, column (A), lines 1–3) .		30	5131.38	316684.87			
l l	paid to or for members (Part IX, column (A), line 4)			0	0			
% 15 Salaries	other compensation, employee benefits (Part IX, column (A), lin	nes 5-10)		0	0			
~	onal fundraising fees (Part IX, column (A), line 11e)			0	0			
ம் b Total fur	idraising expenses (Part IX, column (D), line 25) ▶	B						
l l	spenses (Part IX, column (A), lines 11a-11d, 11f-24f)			483.95	1012.68			
		ne 25)	30	5615.33	317697.55			
19 Revenue	penses. Add lines 13-17 (must equal Part (region), li less extenses. Subtract line 18 from line 12		82	2389.52	113541.59			
Source of Balance of B		Beg	inning of Cu	rrent Year	End of Year			
हैं हैं 20 Total as	sets (Pa t X, line 16)		678	3394.16	791935.75			
	bilities (Part X, line 26)			0	0			
	ets of a no balances. Subtract line 21 from line 20.	=	678	3394.16	791935.75			
	nature Block UGUEN, UT				Abo book of my line alone			
and be	enalties c [.] perjury, I declare that I have Examined this return, including accorder, it is tr, correct, and complete. Declaration of preparer (other than offic	er) is based on all	information	of which pre	parer has any knowledge			
C:	Shanayor There e-		1 4	5/15/	2010			
Sign	nature of the fricer		Date					
Here Sig	SHANGYOU ZHANG	Office	24	•				
Tvi	e or print ame and title	0 () • (•					
	Nat Dat		cıf	Preparer's id	entifying number			
Prepare signatu		self-	yed ▶ 🔲	(see instructi				
Paid] emplo	,					
Preparer's Firm's	ame (or y Ars		EIN	> :				
	nployed), . , and ZIP , 4		Phone no	→ ()			
May the IRS dis-		ctions) .			Yes No			
	nd Paperwork Reduction Act Notice, see the separa a instruction		Cat No 11	282Y	Form 990 (2009)			

Par	Statement of Program Service Accomplishments
1	Briefly describe the organization's mission: Award the students, faculty and staff at the University of Science and Technology of China.
	Provide Goodwill scholarship to students based on financial need at USTC. Collect (limit \$1000 each donation) and distribute disaster relief fund.
	Collect (limit \$1000 each donation) and distribute disaster refler fund.
2	Did the organization undertake any significant program services during the year which were not listed on
_	the prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the exempt purpose achievements for each of the organization's three largest program services by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and
	allocations to others, the total expenses, and revenue, if any, for each program service report the amount of grants and
	anotations to others, the total expenses, and torontes, it any, for each program estimate reporter.
4a	(Code:) (Expenses \$ 268706.24 including grants of \$ 268706.24) (Revenue \$)
	214 (AF) Goodwill Scholarship awards, * \$91714
	100 Goodwill Scholarship and 20 GMR best senior awards * \$52938.24
	20 outstanding professor award (College of Scinece) * \$14700.00
	100 Goodwill Scholarship Award (IF), * \$42857
	Best USTC Senior Awards, 20 students, * \$28530
	(AF) Faculty Awards, 10 professors, * \$15500
	59 Outstanding New Student Awards, * \$14347-\$3244=\$11103;
	(8512) Student award, 6 students, * \$2932
	(817) Student award, 6 students, * \$2932 (813) Student award, 2 students, * \$1760 (8412) Student Award, 6 students, * \$1760.00
	Aid to the student mental clinic, * \$1260.00
	(7903) Students travel awards, 4 students,* \$720
4b	(Code:) (Expenses \$ 47978.63 including grants of \$ 47978.63) (Revenue \$)
	Disaster relief 788WuJH \$1900
	Disaster relief 856YiBing \$25025
	Disaster relief 868TMY fund \$4,828.63
	Disaster relief 868TMY fund \$16225
	· · · · · · · · · · · · · · · · · · ·
	- <u>L</u>
4c	(Code:) (Expenses \$
-	Value 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	<i>i</i> ()
	······································
	<u></u>
	-
	Otto de la Cabadula O Linguista de Cabadula O Linguist
4 d	Other program services. (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)
40	Total program service expenses > \$316684.87

(4)	Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	✓	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		1
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X as applicable	11		1
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI.			
•	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII.			
•	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII.			
•	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? if "Yes," complete Schedule D, Part IX.			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X. Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for incertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII.	12		1
12A	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule L. Parts XI, XII, and XIII is optional			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	ļ	✓
14a		14a	ļ	✓
b	Did the organization have acgregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program servi e activities outside the United States? If "Yes," complete Schedule F, Part I	14b	1	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Part II	15	1	
16	Did the organization report on Part IX, column (A), lir e 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16	1	
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), line, 6 and 11e? If "Yes," complete Schedule G, Part I	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? if "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross incom@ from gaming activities on Part VIII, line 9a?	10		1
20	If "Yes," complete Schedule G, Part III	19 20		7

Pai	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		✓
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25	24a		√
b		24b		✓
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24c		✓
d	to defease any tax-exempt bonds?	24d		✓
25a	and the contract of the contra	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		√
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):	ž.		<u>* </u>
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31_		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	-	✓_
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		✓
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 </i>	36_		✓
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	38	✓	
	••		^^	

F.

Par	t V Statements Regarding Other IRS Filings and Tax Compliance				_
	······································		Yes	No	_
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			ļ	
	U.S. Information Returns. Enter -0- if not applicable			İ	ļ
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable				1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	1		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax				
	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-			ļ	١
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b			7
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> this return. (see instructions)				
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3a		1	_
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		✓	_
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4 a		✓	
b	If "Yes," enter the name of the foreign country: ▶	٠,		١,	
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		√	-
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓	_
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction?	5c			_
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		✓	_
b	organization solicit any contributions that were not tax deductible?				
	gifts were not tax deductible?	6b			7
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	7a		1	٢
	and services provided to the payor?	7b	 	-	-
	If "Yes," did the organization notify the donor of the value of the goods or services provided?				-
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		1	7
	If fes, indicate the number of Forms 5252 filed during the year]	
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1	
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		1	-
' '	For all contributions of qualified intellectual property, did the organization file Form 8899 as required? .	7g		1	_
	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as	7h		1	
	required?			† *	-
8	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring			}	
	organization, have excess business holdings at any time during the year?	8		1	7
9	Sponsoring organizations maintaining donor advised funds.				ل
а	Did the organization make any taxable distributions under section 4966?	9a	-	1	_
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		-	٦
10	Section 501(c)(7) organizations. Enter:				
a	initiation rees and capital contributions included on rait vin, line 12				
	Gloss receipts, included on Form 556, Fair Vill, line 12, 50 public 456 of 6185 facilities				
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders				
	Gross income from other sources (Do not net amounts due or paid to other sources against				
J	amounts due or received from them.)		ļ		j
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes" enter the amount of tax-exempt interest received or accrued during the year.	12a			7

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

<u>sec</u>	tion A. Governing Body and Management		V = =	1
		1 1	Yes	No
1a	Enter the number of voting members of the governing body	Sp∰ .	٠.	3000
b	Enter the number of voting members that are independent			,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			<u> </u>
	any other officer, director, trustee, or key employee?	2_		✓
3	Did the organization delegate control over management duties customarily performed by or under the direct			,
	supervision of officers, directors or trustees, or key employees to a management company or other person? .	3		✓
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	✓	
6	Does the organization have members or stockholders?	6		✓
7а	Does the organization have members, stockholders, or other persons who may elect one or more members			
	of the governing body?	7a	✓	<u> </u>
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during	4.		×,
	the year by the following:			
а	The governing body?	8a	✓	
b	Each committee with authority to act on behalf of the governing body?	8b		1
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached			
_	at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9a		✓
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter-	ernal		
Rev	enue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		1
	If "Yes," does the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with those of the organization?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the			
•	form?	11	✓	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
	Are officers, directors or trustees, and key employees required to disclose annually interests that could give			
D	rise to conflicts?	12b	1	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	1	
13		13		1
	Does the organization have a written whistleblower policy?	14		1
14	Does the organization have a written document retention and destruction policy?			<u> </u>
15	Did the process for determining compensation of the following persons include a review and approval by			
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	15a	1	
a	The organization's CEO, Executive Director, or top management official	15b	1	_
b	Other officers or key employees of the organization	130	•	
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)	* /-	2	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	40-		
	with a taxable entity during the year?	16a		✓
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate	-jj -		* ,
	its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard			
	the organization's exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ None. Incorporated in Delawa			· -
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990, T (501(cr	:)(3)s (only)	
	available for public inspection. Indicate how you make these available. Check all that apply.			
	☐ Own website ☐ Another's website ☑ Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of	of inte	erest	
	policy, and financial statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and reco	rds of	the	
	organization: ► Shangyou Zhang, 1 Crossan Ct. Landenberg, PA 19350, 302-831-0625	. 		

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Check this box if the organization did not compensate any current officer, director, or trustee.

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. Use Schedule J-2 if additional space is needed.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Z Check this box if the organization did not co	ompensale	any c	Juir	en	OIII	CEI, C	mec	ior, or trustee.		
(A)	-(B)				C) .			(D)	(E)	(F)
Name and Title	Average hours per week	P or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
Xiaohua Zhang, Director	1	1						-0-	-0-	-0-
WU, Xuejun, Director	3	✓						-0-	-0-	-0-
Tian Xue , Director	1	/						-0-	-0-	-0-
Xiaogang Chen, Director	1	1						-0-	-0-	-0-
Xuesheng Chen, Director	1	1						-0-	-0-	-0-
Ding Chen, Director	1	✓						-0-	-0-	-0-
Victor Wang, Director	1	1						-0-	-0-	-0-
Kefei Wang, Direct*r	1	1						-0-	-0-	-0-
Hua Jiang, Director	1	1						-0-	-0-	-0-
Alex Mou, Directo	1	1						-0-	-0-	-0-
Hanping Xu, Director	1	1						-0-	-0-	-0-
Xiaojun Li, Director	1	1						-0-	-0-	-0-
Yi Gu, Director	1	1						-0-	-0-	-0-
Fangyun Yang, Director	1	1						-0-	-0-	-0-
Tao Tao, Director	1	1						-0-	-0-	-0-
Minzhi Liu, Directo	1	1						-0-	-0-	-0-

Zhengang Zhao, Director Xin FENG, Director Zhao, Lu, Director Shangyou Zhang, Accountant	(B) Average hours per week	Individual trustee	c Institutional	hecl Officer	all	that ap		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
XianZhi Zhou, Director Zhengang Zhao, Director Xin FENG, Director Zhao, Lu, Director Shangyou Zhang, Accountant	hours per				Key			compensation	compensation	amount of
Zhengang Zhao, Director Xin FENG, Director Zhao, Lu, Director Shangyou Zhang, Accountant		rustee	onal trustee	H.	employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
Xin FENG, Director Zhao, Lu, Director Shangyou Zhang, Accountant	1	1						-0-	-0-	-0
Zhao, Lu, Director Shangyou Zhang, Accountant	1	√						-0-	-0-	-0
Shangyou Zhang, Accountant	1	,						-0-	-0-	-0
	1	٧	-					-0-	-0-	-0
	5	-		✓				-0-	-0-	-0
1b Total		<u> </u>		·			•	-0-	-0-	-0
2 Total number of individuals (including but no reportable compensation from the organization)		to the	ose	liste	ed a	bove) wh	o received mo	re than \$100,0	00 in
reportable compensation from the organization				-						Yes No
2. Did the exceptation let any former officer	r dirootor	or ***	ıcto	ا م		امصما		or highest o	amponeated	100 11
3 Did the organization list any former officer employee on line 1a? If "Yes," complete Sc							Jyee	, or nighest co		3 🗸
4 For any individual listed on line 1a, is the su							and	d other comper	nsation from	
the organization and related organizations g	greater tha	ın \$15	0,0	00?	If "	Yes,"	con	nplete Schedul		4
individual	or accrue	com	oens	satio	on f	rom a	anv	unrelated orga	anization for	5
Section B. Independent Contractors	es, comp	nete (3011	caa		101 3	0011	person	· · · · ·	<u> </u>
Complete this table for your five highest co- compensation from the organization.	mpensate	d ind	epe	nde	nt c	ontra	ctor	s that received	more than \$10	00,000 of
(A) Name and business addr	ress							(B) Description of se	ervices	(C) Compensation
None.										
							_			
						-				
							ı		1	
2 Total number of independent contractors (in									N.	

Part	VII	Statement of Re							
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
ats its	1a	Federated campaigns		1a	381368.21				
our our		Membership dues		1b					
s, (c Fundraising events 1c							
gift		Related organizations		1d					
JS, imi	l .	Government grants (contr		1e					
Contributions, gifts, grants and other similar amounts		All other contributions, gifts,							
햧	_	and similar amounts not inclu		1f		;			
P P	g	Noncash contributions include		f \$					
ည် ခြ	h	Total. Add lines 1a-1f			🕨	381368.21			
ē		,			Business Code	•			
Program Service Revenue	2a	None.		C					
æ	b			- 1					
je je	С			1					
Šer	d			1					
Ē	е			- 1					
gra	f	All other program servi							
_ <u>e</u> _	g	Total. Add lines 2a-2f	<u></u>	<u> </u>	▶	-0-			' i
	3	Investment income (income other similar amounts)			▶	49870.93			
	4	Income from investment of		t bond	proceeds 🕨				
	5	Royalties							
			(i) Real	-+	(ii) Personal		* ~		'
	6a	Gross Rents		-+				:	
	l .	Less: rental expenses	ļ						ı
		Rental income or (loss)							
	d	Net rental income or (lo							· .
	7a	Gross amount from sales of	(i) Securitie	s	(ii) Other		-	:	}
		assets other than inventory	<u> </u>						1
	b	Less: cost or other basis		1			_		
	,	and sales expenses .	ļ				च ^र		. [
		Gain or (loss)	L						
	d	Net gain or (loss)		· .	<u> </u>				
evenue	8a	Gross income from events (not including \$							
		of contributions reporte	d on line 1d	c).					
-		See Part IV, line 18							
Other R		Less: direct expenses Net income or (loss) fro			ents			i	
•					ents				
	9a	Gross income from gam			-	-	,		ļ
		See Part IV, line 19							
		Less: direct expenses, Net income or (loss) fro			90	···			
		•		Г					
	ıva	Gross sales of inve							
		returns and allowances							
		Less: cost of goods so Net income or (loss) from			v >	49870.93		lational returnation and control returns a city	
	_	Miscellaneous Rev			Business Code	43070.33			
	11-		· · · · · · · · · · · · · · · · · · ·						
	_			· · · · · ·					
	b	••••••							
	ت ا	All other revenue				-			
		Total. Add lines 11a-1				-0-			
		Total revenue. See ins				431239.14	-0-	-0-	431239.14

Part IX Statement of Functional Expenses

Section 501(c)(3)	and 501(c)(4	i) organizati	ons mu	ist complet	te all co	lumns.		
 - 4 *							(5) (6)	

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, , 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21			· · · · · · · · · · · · · · · · · · ·	* 					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22			, , , , , , , , , , , , , , , , , , ,	* *					
3 4 5	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors,	316684.87	316684.87							
6	trustees, and key employees									
7 8 9	Other salaries and wages									
10 11 a	Payroll taxes									
d	Legal		4° (4)							
f g 12	Investment management fees Other									
13 14 15 16	Office expenses									
17 18	Occupancy									
19 20 21	Conferences, conventions, and meetings . Interest									
22 23	Depreciation, depletion, and amortization. Insurance									
24	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)		x 80							
a b c d e										
f 25	All other expenses	316684.87	316684.87	0	0					
26	Joint costs. Check here ▶ ☐ if following SOP 98-2. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation									

Рa	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	325445.00	1	380501.69
	2	Savings and temporary cash investments	230141.88	2	193936.46
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees. Complete Part II of			
		Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete Part II of Schedule L		6	
,,	_			7	
Assets	7	Notes and loans receivable, net		8	
Ass	8	Inventories for sale or use		9	
1	9	Prepaid expenses and deferred charges			
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
		Less: accumulated depreciation 10b	•	10c	
	11	Investments—publicly traded securities	122807.28	11	217497.60
	12	Investments—publicly traditional securities in the securities of the securities. See Part IV, line 11		12	
	13	Investments—program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	678394.16	16	791935.75
	17	Accounts payable and accrued expenses		17	
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Ħ	22	Payables to current and former officers, directors, trustees, key			
Liabilities		employees, highest compensated employees, and disqualified			
_		persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		25	
	25 26	Other liabilities. Complete Part X of Schedule D	0		0
ces	20_	Organizations that follow SFAS 117, check here ▶ □ and complete lines 27 through 29, and lines 33 and 34.		20	
	27	Unrestricted net assets		27	
Ba	28	Temporarily restricted net assets		28	
Þ	29	Permanently restricted net assets	· · · · · · · · · · · · · · · · · · ·	29	
or Fund Balan		Organizations that do not follow SFAS 117, check here ▶ ☑ and complete lines 30 through 34.			
ţ	30	Capital stock or trust principal, or current funds	122807.28		217497.60
Net Assets	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Ë	32	Retained earnings, endowment, accumulated income, or other funds		32	
Z	33	Total net assets or fund balances	678394.16		791935.75
	34	Total liabilities and net assets/fund balances		34	

Pai	t XI Financial Statements and Reporting						
			Yes	No			
1	Accounting method used to prepare the Form 990:		4				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a_		✓			
	b Were the organization's financial statements audited by an independent accountant?						
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	•					
	the audit, review, or compilation of its financial statements and selection of an independent accountant?						
	If the organization changed either its oversight process or selection process during the tax year, explain in						
	Schedule O.						
d If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were							
issued on a consolidated basis, separate basis, or both:							
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis —						
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in						
	the Single Audit Act and OMB Circular A-133?	3a		✓			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the						
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b					

Form **990** (2009)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047 Open to Public

Department of the Treasury Inspection Internal Revenue Service **Employer identification number** Name of the organization University of Science and Tech of China Alumni Foundation Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 🗹 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 ☐ An organization that normally receives: (1) more than 33½ % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the beneft of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations describe 1 in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting org!inization and complete lines 11e through 11h. c Type III-Functionally integrated **b** ☐ Type II d Type III-Other a ☐ Type I e 🔲 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (vii) Amount of (i) Name of supported (ii) E 1 N Did vou notify (vi) Is the in col (i) listed in your th organization in organization in col support (described on lines 1-9 organization above or IRC section governing document? i) of your) ادے (i) organized in the (see instructions)) support? Yes No Yes No Yes No **Public School University of Science** and Tech of China N/A 316684.87

Total

316684.87

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I.) **Public Support** Section A. (f) Total Calendar year (or fiscal year beginning in) (a) 2005 (d) 2008 (e) 2009 (b) 2006 (c) 2007 Gifts, grants, contributions, and membership fees received. (Do not 1906841.05 66152.07 378976.98 468734.73 450718.43 381368.21 include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on The value of services or facilities furnished by a governmental unit to the organization without charge 1906841.05 378976.98 468734.73 450718.43 381368.21 66152.07 Total. Add lines 1 through 3 . . . The portion of total contributions by each ż× person (other than a governmental unit or publicly supported organization) included Ķ on line 1 that exceeds 2% of the amount 624359 shown on line 11, column (f) Public support. Subtract line 5 from line 4 ٠. 1282482.05 Section B. Total Support (d) 2008 (f) Total Calendar year (or fiscal year beginning in) (a) 2005 **(b)** 2006 (c) 2007 (e) 2009 378976.98 66152.07 468734.73 450718.43 381368.21 1906841.05 7 Amounts from line 4 . . . Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar 18530.60 -62713.58 49870.93 75357.14 14560.30 29628.89 sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part IV.) 1982198.19 11 Total support. Add lines 7 through 10 . 0 Gross receipts from related activities, etc. (see instructions) 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 64.69999 % 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 16a 331/3 % support test-2009. If the organization did not check the box on line 13, and line 14 is 331/3 % or more, check this box 331/4 % support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 331/4 % or more, check this 17a 10%-facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test-2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ □

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	Support Schedule for Orga	nizations De	escribed in S	Section 509(a)(2)		Page 3
500	(Complete only if you checke tion A. Public Support	ed the box of	n line 9 of Pa	ırt I.)			
	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
3	organization's tax-exempt purpose						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5		•				
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)	**	-				<u> </u>
	tion B. Total Support		T			1	T (0 =
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
с 11	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						-
13	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>				ion 501(c)(3) ▶ □
Sec	ction C. Computation of Public Su					T T	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 (Schedule A, Pa	art III, line 15	ne 13, column		15 16	<u>%</u> %
Sec	ction D. Computation of Investmen					T	
17 18	Investment income percentage for 200 Investment income percentage from 20	008 Schedule	A, Part III, line	17		18	<u>%</u>
19a	17 is not more than 331/3 %, check this b	ox and stop h	e re. The organ	zation qualifies	as a publicly	supported org	janization 🕨 📙
b	33% % supportests - 2008. If the organine 18 is not more than 33% %, check this	nization did not s box and stop	check a box or here. The orga	n line 14 or line nization qualifie	19a, and line 1 s as a publicly	6 is more than supported org	n 33% %, and anization ► □

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ □

Schedule A (Fo	chedule A (Form 990 or 990-EZ) 2009 Page							
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instruction	e 10; ons.						
No other i	come. The organization is incorporated for 15 years.							
••••		 -						
		·						
	······							
	······							
		·						
	······································							
	,							
	,							
	<i>}-</i>							
								

Schedule F (Form 990)

Totals

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990. ► See separate instructions.

General Information on Activities Outside the United States. Complete if the organization answered

OMB No 1545-0047
2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization
University of Science and Tech of China Alumni Foundation

Employer identification number 51 : 0367667

"Yes" to Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award For grantmakers. Describe in Part IV the organization's procedures for monitoring the use of grant funds outside the United States. Activities per Region. (Use Schedule F-1 (Form 990) if additional space is needed.) (b) Number of (c) Number of (d) Activities conducted in (e) If activity listed in (d) is (f) Total (a) Region expenditures for employees or region (by type) (i e , a program service, region fundraising, program services, describe specific type of region agents in grants to recipients located in region service(s) in region the region) China 0 Scholarship award 316684.87 0 **Grants to recipients**

0

0

316684.87

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Check this box if no one recipient received more than \$5,000 ▶ ☑ Use Schedule F-1 (Form 990) if additional space is needed. Schedule F (Form 990) 2009

Part II Grants ar

, of												
(i) Method of valuation (book, FMV, appraisal, other)												
(h) Description of non-cash assistance			-1									
(g) Amount of non-cash assistance	0											
(f) Manner of cash disbursement	wire transfer								,			
(e) Amount of cash grant	316684.87											
(d) Purpose of grant	Scholarship											
(c) Region	China				•							
(b) IRS code section and EIN (if applicable)		1 1000	*	, s	۵		-		300	**************************************	Ş	
1 (a) Name of organization		dayees ye.				47	₹.	, e - 21		A supplied and a supp		

Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

Farter total number of other organizations or entities ~

Enter total number of other organizations or entities

Schedule F (Form 990) 2009

→ . 4

Page 3

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Schedule F (Form 990) 2009

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 16. Use Schedule F-1 (Form 990) if additional space is needed. Part III

(h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement check wire (d) Amount of cash grant 14700.00 52938.24 4,828.63 1260.00 91714 11103 25025 16225 42857 28530 15500 2932 2932 1760 1900 1760 720 (c) Number of recipients 214 120 100 9 20 20 23 9 9 2 ဖ 0 4 (b) Region China Goodwill Scholarship Award (IF), Aid to the student mental clinic 214 (AF) Goodwill Scholarship (7903) Students travel awards (a) Type of grant or assistance **Best USTC Senior Awards** 20 outstanding professor **Outstanding New Student** Disaster relief 856YiBing Disaster relief 788WuJH Disaster relief 868TMY Disaster relief 868TMY (8412) Student Award (8512) Student award Goodwill Scholarship (AF) Faculty Awards (817) Student award (813) Student award

Schedule F (Form 990) 2009

Schedule F (Form 990) 2009 Page 4							
Part IV	Supplemental Information Complete this part to provide the information required in Part I, line 2, and any additional information.						
All awards	require signature of award recipients, and all such records are displayed on the web site.						
••••••							

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••••••							

SCHEDULE O (Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

OMB No 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Inspection ► Attach to Form 990. Employer Identification number Name of the organization University of Science and Tech of China Alumni Foundation 51 0367667 VI Line 11: Yes. The file is emailed to the board. VI Line 19: Yes. Everything is displayed at the web site, including the accounting balance sheet. Every donation is listed on the website, so is every expense/award. V Line 3b: Some donations are for disaster relief, helping those graduates studying/working in USA who died unexpectedly. We do not consider this as non-related business income. Such donations are limited \$1000 per person. And the total donation is transferred to the family, mostly for the family members to come to the funeral, and funeral expenses. VI Line 5: No one is compensated. Only volunteers run the organization. There is no employee.